



7182
Dated
5-21-04

03500.014025

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Jun YOSHIDA, ET AL.) : Examiner: H. Akhavannik
Appln. No.: 09/440,467) : Group Art Unit: 2621
Filed: November 15, 1999) :
For: DATA PROCESSING) May 13, 2004
APPARATUS AND METHOD,)
AND STORAGE MEDIUM)
THEREFOR) :

RECEIVED

MAY 17 2004

Technology Center 2600

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated February 13, 2004, please amend the application as indicated below.

In re Application of:

JUN YOSHIDA, ET AL.



Docket No.: 03500.014025

Application No.: 09/440,467

Examiner: H. Akhavannik

Filed: November 15, 1999

Group Art Unit: 2621

For: DATA PROCESSING APPARATUS
AND METHOD, AND STORAGE
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Date: May 13, 2004

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Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14	MINUS	27	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	3	MINUS	15	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$135°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

- Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Brian L. Klock
Registration No. 36,570

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
BLK\lmj